

Application Data Sheet

Application Information

Application number::

Filing Date:: 07/30/03

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R??::

Number of CD disks::

Number of copies of CDs::

Sequence Submission::

Computer Readable Form (CRF)?::

Number of copies of CRF::

Title:: CHIMERIC MULTIVALENT POLYSACCHARIDE
CONJUGATE VACCINES

Attorney Docket Number:: 20695C-001410US

Request for Early Publication:: No

Request for Non-Publication:: No

Suggested Drawing Figure::

Total Drawing Sheets:: 13

Small Entity?:: No

Latin name::

Variety denomination name::

Petition included?:: No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers One::

Secrecy Order in Parent Appl.: No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: France
Status:: Full Capacity
Given Name:: Francis
Middle Name::
Family Name:: Michon
Name Suffix::
City of Residence:: Bethesda
State or Province of Residence:: MD
Country of Residence:: US
Street of Mailing Address:: 4401 Rosedale Avenue
City of Mailing Address:: Bethesda
State or Province of mailing address:: MD
Country of mailing address::
Postal or Zip Code of mailing address:: 20814

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: John
Middle Name::
Family Name:: Kim
Name Suffix::
City of Residence:: Arbutus
State or Province of Residence:: MD
Country of Residence:: US
Street of Mailing Address:: 1212 Brewster Street
City of Mailing Address:: Arbutus
State or Province of mailing address:: MD

Country of mailing address::

Postal or Zip Code of mailing address:: 21227

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Arun

Middle Name::

Family Name:: Sarkar

Name Suffix::

City of Residence:: Olney

State or Province of Residence:: MD

Country of Residence:: US

Street of Mailing Address:: 2559 Little Vesta Terrace

City of Mailing Address:: Olney

State or Province of mailing address:: MD

Country of mailing address::

Postal or Zip Code of mailing address:: 20832

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Catherine

Middle Name::

Family Name:: Uitz

Name Suffix::

City of Residence:: Arlington

State or Province of Residence:: VA

Country of Residence:: US

Street of Mailing Address:: 4126 N. 34th Road

City of Mailing Address:: Arlington

State or Province of mailing address:: VA
Country of mailing address::
Postal or Zip Code of mailing address:: 22207

Correspondence Information

Correspondence Customer Number:: 20350

Representative Information

Representative Customer Number:: 20350

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	An Appn claiming benefit under 35 USC 119(e) of	60/399,949	07/30/02

Foreign Priority Information

Country::	Application number::	Filing Date::
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Assignee Information

Assignee Name::
Street of mailing address::
City of mailing address::
State or Province of mailing address::
Country of mailing address::
Postal or Zip Code of mailing address::